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APPLICATION FOR UNITED STATES PATENT  
DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verify believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR DIAGNOSING COLOR IMAGE FORMING DEVICES

described and claimed in the specification:

Check one

a.  attached hereto.

b.  filed on \_\_\_\_\_ us Application No. \_\_\_\_\_ and amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

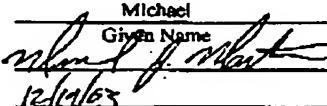
The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Mark Costello	Reg. No. 31,142;	Elizabeth F. Haraszek	Reg. No. 28,850;
Ronald F. Chapparan	Reg. No. 26,402;	Eugene O. Palazzo	Reg. No. 20,881;
Kevin R. Kepner	Reg. No. 32,145;	Marie A. Costantino	Reg. No. 33,565;
Nola Mae McBain	Reg. No. 35,782;	Stephen J. Roe	Reg. No. 34,463;
James A. Oliff	Reg. No. 27,075;	Joel S. Armstrong	Reg. No. 36,430;
William F. Berridge	Reg. No. 30,924;	Christopher W. Brown	Reg. No. 38,025;
Kirk M. Hudson	Reg. No. 27,562;	Richard E. Rice	Reg. No. 31,560;
Thomas J. Pardini	Reg. No. 30,411;	Paul Tsou	Reg. No. 37,956; and
Edward P. Walker	Reg. No. 31,450;	Eric D. Morehouse	Reg. No. 38,565.
Robert A. Miller	Reg. No. 32,771;		

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	Michael	J.	MARTIN
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:	12/14/63	Month	Day
Residence:	Hamlin	New York	U.S.A.	Year
Citizenship:	City	State or Province	Country	
Post Office Address: (Insert complete mailing address, including country)	6968 Benedict Beach Hamlin, New York 14464, U.S.A.			

\*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

Page 2 OF U.S.A. DECLARATION FORM  
(Discard this page in a sole inventor application)

1	Typewritten Full Name of Second Joint Inventor (if any)	Debbie	S.	WICKHAM
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
	Month	Day	Year	
Residence:	Victor	New York	U.S.A.	
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	Post Office Address: (Insert complete mailing address, including country)	1276 School Road Victor, New York 14564, U.S.A.		
1	Typewritten Full Name of Third Joint Inventor (if any)	Shawn	P.	UPDEGRAFF
		Given Name	Middle Initial	Family Name
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3	**DATE OF SIGNATURE:			
	Month	Day	Year	
Residence:	Fairport	New York	U.S.A.	
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Citizenship:	U.S.A.			
	Post Office Address: (Insert complete mailing address, including country)	6009 Pittsford Palmyra Road Fairport, New York 14450, U.S.A.		
1	Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
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	Month	Day	Year	
Residence:	City	State or Province	Country	
Citizenship:				
	Post Office Address: (Insert complete mailing address, including country)			
1	Typewritten Full Name of Fifth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
	Month	Day	Year	
Residence:	City	State or Province	Country	
Citizenship:				
	Post Office Address: (Insert complete mailing address, including country)			

\*\*Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.  
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Page 2 OF U.S.A. DECLARATION FORM  
(Discard this page in a sole inventor application)

1	Typewritten Full Name of Second Joint Inventor (if any)	Debbie	S.	WICKHAM
		Given Name	Middle Initial	Family Name
2	<b>**INVENTOR'S SIGNATURE:</b> <u>Debbie S. Wickham</u>			
3	<b>**DATE OF SIGNATURE:</b> <u>12-19-03</u>			
	Month	Day	Year	
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Citizenship:	U.S.A.			
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1	<u>1276 School Road</u> Victor, New York 14564, U.S.A.			
2	Typewritten Full Name of Third Joint Inventor (if any)	Shawn	P.	UPDEGRAFF
		Given Name	Middle Initial	Family Name
3	<b>**INVENTOR'S SIGNATURE:</b>			
	<b>**DATE OF SIGNATURE:</b>			
Residence:	Month	Day	Year	
	Fairport	New York	U.S.A.	
	City	State or Province	Country	
Citizenship:	U.S.A.			
	Post Office Address: (Insert complete mailing address, including country)			
1	<u>6009 Pittsford Palmyra Road</u> Fairport, New York 14450, U.S.A.			
2	Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
3	<b>**INVENTOR'S SIGNATURE:</b>			
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